

Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: METHOD FOR MAKING A
REINFORCEMENT PROVIDED WITH AT
LEAST ONE ADHESIVE SURFACE
CAPABLE OF BEING REPOSITIONED
AND RESULTING REINFORCEMENT
Attorney Docket Number:: 0540-1028
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: THIERRY
Middle Name::
Family Name:: KLETHY
Name Suffix::
City of Residence:: BRANGUES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 2 LOT DU BRIEUX
Address::
City of Mailing Address:: BRANGUES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-38510

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: FREDERIC
Middle Name::
Family Name:: PINAN
Name Suffix::
City of Residence:: COURCELLES/VIOSNE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 1 RUE DU VAL
Address::
City of Mailing Address:: COURCELLES/VIOSNE

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-95650

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/050037	1/21/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0450119	1/22/04	Yes

Assignment Information

Assignee Name::
Street of Mailing Address::
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::